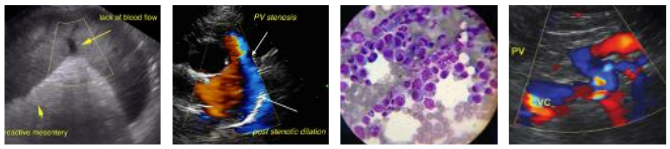
SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™



SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT

Luna Martin

SPECIES

Canine

BREED

Mix

SEX

Spayed Female

AGE

10 Years 8 Months

WEIGHT

48.5 Pounds

INTERPRETED BY

Jessica Midence, DVM, DACVIM (SAIM)

IMAGING PERFORMED BY

Shari Reffi, CVT

HOSPITAL NAME

VCA Blairstown AH

REFERRING VET

Dr. Clegg

INVOICE

21663

DATE

3/17/23

PRESENTING CLINICAL SIGNS

History: Pre-anesthetic evaluation for scheduled dentistry. Chronic ALT elevation. No current meds.

Abnormal PE/Chem/CBC/UA Results: ALT 493, was 155 7/2021

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder mucosa, trigone, and visible urethra are normal in thickness and there is no evidence of mucosal irregularities. The bladder lumen is mildly distended with anechoic urine and bladder thickness is considered normal for volume of urine. No masses, inflammatory changes or calculi are observed.

The left kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.4 cm. There is normal corticomedullary distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

The right kidney is normal in size, shape and architecture with smooth peripheral margins and measures 5.6 cm. There is normal corticomedullary. distinction and normal echogenicity. There is no evidence of pyelectasia, nephroliths, infarcts or hydroureter.

Adrenal Glands

The left adrenal gland is normal in size (cranial pole 0.5 cm, caudal pole 0.48 cm). The left adrenal gland has normal shape and it is normal in appearance and echogenicity.

The right adrenal gland is significantly enlarged, hyperechoic and mottled, measuring 0.65 cm at the very edge of the caudal pole, which appears more normal but the cranial pole measures up to 1.47 cm in width x 2.5 cm in length. It does have the appearance of a mass, rather than just an adrenal gland nodule or hyperplasia.

Spleen

The spleen was enlarged, measuring 2.2 cm at the hilus, but this is considered typical given the patients sedation with dexdomitor. The splenic echotexture is homogeneous with parenchyma hyperechoic to liver and renal cortical parenchyma. The capsule is smooth with no irregularities. The splenic vasculature is normal without signs of congestion or thrombosis.

Liver

The liver is subjectively normal in size with normal contours, structure, with smooth peripheral margins. The echogenicity appears moderately hypoechoic with bright portal markings. The visible portions of the vasculature and biliary tract appear normal. No pathological hepatic lymphadenopathy observed.

The gallbladder lumen is not distended. The wall is a normal thickness and smooth. Luminal contents are anechoic. The cystic and common bile ducts are normal/not visible.

Gastrointestinal

The gastric lumen is empty. The stomach wall is of normal wall thickness with some variability due to rugal folds. There is normal gastric wall layering. There are no masses or focal lesions observed and the pyloric outflow tract appears normal.

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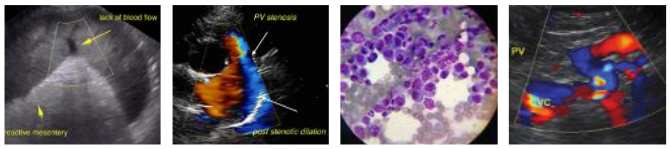

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The visualized areas of duodenum, jejunum and ileum appear normal in thickness. The duodenum measures normal with distinct wall layering. The remainder of the small intestines also measures normal with normal wall layering. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material. . No focal lesions observed. (For Cats: The ileocolic junction was visualized and had normal intact wall layering and is subjectively or normal thickness)

The sections of colon are visualized with formed fecal material and gas shadowing distally. The colon measures normal. There is no observed focal or generalized colon wall thickening or loss of layering.

Pancreas

The area of the pancreas is normal and isoechoic to surrounding mesentery. There is no evidence of nodules or cystic lesions. There is no evidence of regional mesenteric inflammation or fluid. The visible pancreatic duct was normal.

Free Abdomen

Evaluation of the peritoneal cavity did not reveal any evidence of effusion, or subjective lymphadenomegaly. The omentum is of normal uniform echogenicity.

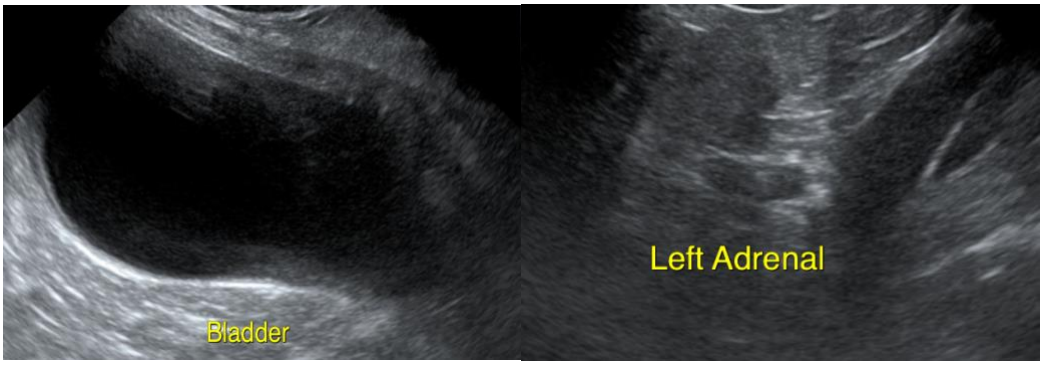
ULTRASONOGRAPHIC FINDINGS

- Right adrenal gland mass
- Hypoechoic liver

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

The right adrenal gland is enlarged, and while it is not >2.0 in width, it does have the appearance of a mass, given that it is hyperechoic and mottled and the shape is abnormal. Given that there are no reported clinical signs, this may be a nonfunctional tumor, though it could still be functional (e.g., adrenal gland carcinoma vs pheochromocytoma). Consider work up for adrenal gland disease (e.g., low dose dexamethasone suppression test, urine metanephrine metabolite screening, blood pressure), as well as a CT scan of the abdomen to better evaluate the appearance of this mass.

The liver is hypoechoic, which is consistent with chronic hepatitis, copper storage disease, or other chronic hepatopathy. Consider bile acid testing to evaluate for liver function. Otherwise, a liver biopsy is necessary to determine the cause of the high ALT and the appearance of the liver on ultrasound. Treatment with antioxidants, such as SAM-e and milk thistle can be considered, as well as a prescription diet. Additionally, an internal medicine consultation could be considered.



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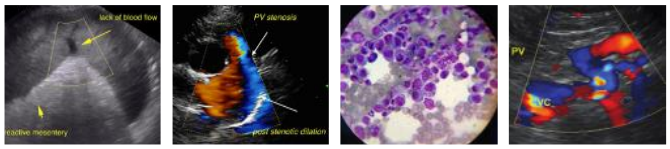

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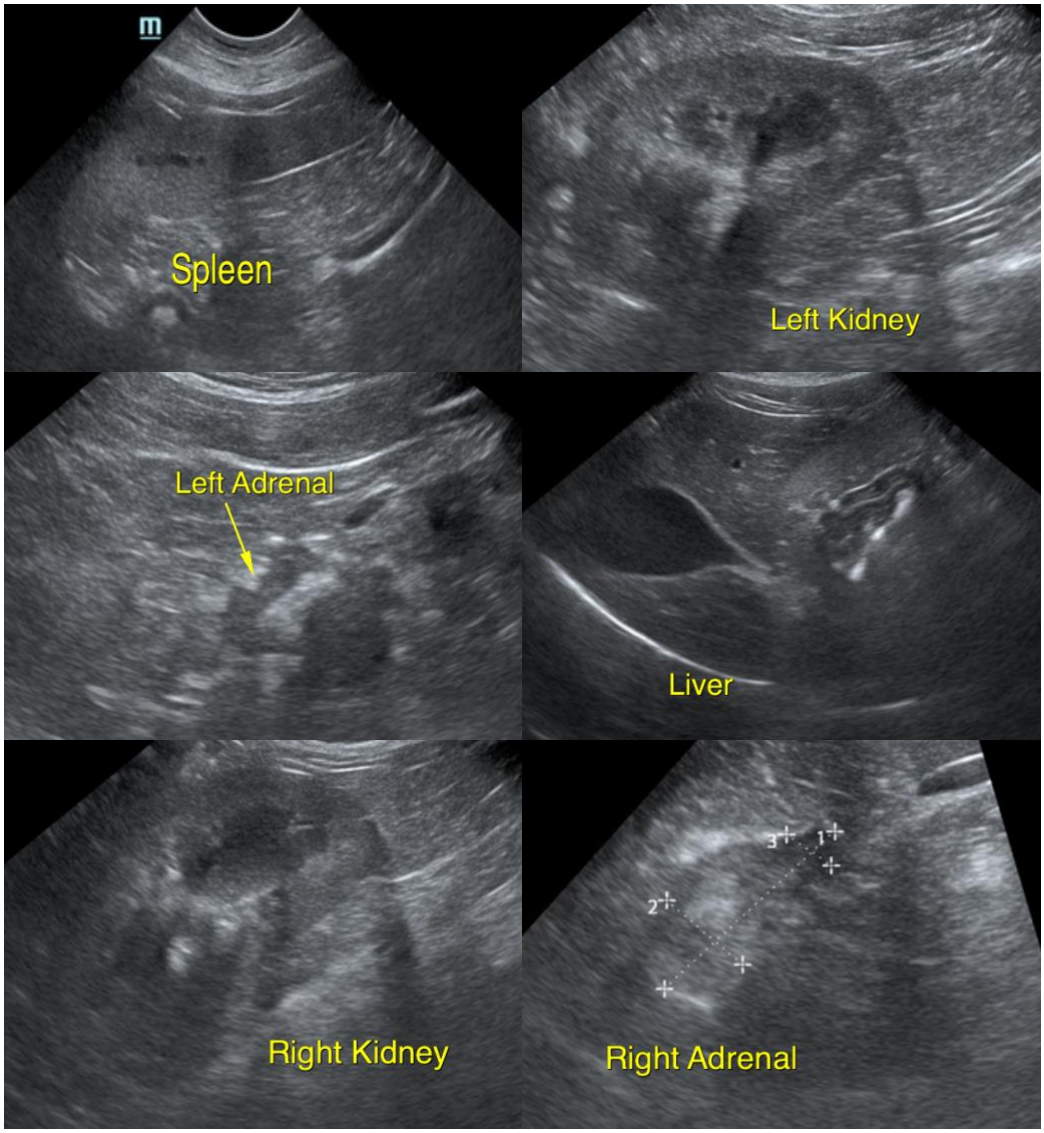

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Jessica Midence, DVM, DACVIM (SAIM)

info@SonoPath.com